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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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NUMBER EL 659 497 048 US

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I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231.

TYPED NAME Emily VENA

SIGNED

Emily Vena

Box Patent Application  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the patent application of Inventor(s):

Kurt C. GISH and David MACK

For: NOVEL METHODS OF DIAGNOSING BREAST CANCER, COMPOSITIONS, AND METHODS  
OF SCREENING FOR BREAST CANCER MODULATORS

Enclosed are also:

Prior Art Statement

Five (5) sheets of ☒ formal ☐ informal figures

An Assignment of the invention to:

Power of Attorney by Assignee and Exclusion of Inventor Under 37 CFR 1.32

Combined Declaration and Power of Attorney for Patent Application

Declaration for Patent Application (unsigned)

Associate Power of Attorney

☒ Applicant claims small entity status (see 37 CFR 1.27)

Request and Certification under 35 U.S.C. 122(b)(2)(i) with attached form PTO/SB/35

Genetic Sequence Submission: Paper copy, Computer Readable Copy; Statement Verifying Identical Paper and  
Computer Readable Copy



	(Col. 1)	(Col. 2)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
BASIC FEE				\$ 355		\$ 710
TOOTAL CLAIMS	- 20 =	0	x \$ 9 =	\$ 0	x 18 =	\$ 0
INDEP CLAIMS	- 3 =	0	x \$ 40 =	\$ 0	x 80 =	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED	yes no		+ \$ 135 =	\$ 0	0 270 =	\$ 0
If the difference in Col 1 is less than zero, enter "0" in Col. 2			TOTAL	\$	TOTAL	\$

☐ Our Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

☐ This is a continuing application under 35 U.S.C. 120/121 of U.S. Patent Application Serial No. \_\_\_\_\_, filed \_\_\_\_\_, which is a continuing application under 35 U.S.C. 120/121 of U.S. Patent Application Serial No. \_\_\_\_\_, filed \_\_\_\_\_.

☐ The Commissioner is hereby authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 06-1300 (Order No. \_\_\_\_\_). A duplicate copy of this sheet is enclosed.

☒ This application is being submitted without payment of the filing fee at this time.

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Respectfully submitted,

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[SF-1036747v1]